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ABSTRACT

This report describes the outcomes of three grant programs administered by the New Jersey Department of Education's drug and alcohol prevention education and intervention: (1) the Substance Awareness Coordinator (SAC) Program II; (2) the Emergency Grant Program; and (3) the Drug-Free Schools and Communities Act (DFSCA). The impact of core team training sponsored by the department is also analyzed. The SAC program was a 3-year competitive program which provided funds to 64 districts to hire a staff member to coordinate all aspects of a drug and alcohol education program. The program served over 12,000 students in efforts directed toward intervention, training, and curriculum development. The Emergency Grant Program provided funding to seven targeted districts to hire one full-time coordinator to include parents and the community in the districts' prevention efforts. The DFSCA program likewise gave funds to district for prevention and intervention services. Some of the targeted youth here included those experiencing academic failure and emotional problems, and student athletes. The Core Team Training established interdisciplinary committees to address the problems of chemically affected youth. Core teams utilized one-on-one counseling and other strategies to help students master intervention skills. Statistical profiles and results of the programs are provided in 22 tables and 20 figures. (RJM)

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ANNUAL REPORT 1991-1992

ED 384 832

EFFECTIVENESS OF

DRUG AND ALCOHOL PROGRAMS

ADMINISTERED BY

THE

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ANNUAL REPORT ON THE EFFECTIVENESS OF DRUG AND ALCOHOL PROGRAMS ADMINISTERED BY THE DEPARTMENT OF EDUCATION 1991-1992

Prepared by
Division of Academic Programs and Standards

Office of Educational Programs
and Student Services

Leo Klagholz
Assistant Commissioner

New Jersey State Department of Education

November 1993

PM 1219.00

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TABLE OF CONTENTS

	PAGE
EXECUTIVE SUMMARY	i
BACKGROUND	1
GRANT PROGRAMS	
A. Substance Awareness Coordinator (SAC) Grant Program II	2
B. Emergency Grant Program	2
C. Drug-Free Schools and Communities Act (Entitlement) Grant Program	3
FINDINGS	
A. Substance Awareness Coordinator Grant Program II	5
B. Emergency Grant Program	12
C. Drug-Free Schools and Communities Act (Entitlement) Grant Program	23
CORE TEAM TRAINING	30
APPENDICES	
A. Districts Participating in Grant Programs	37
B. SAC Grant Program II: Tabular Data	40

TABLES

A.1	SACs by Type of Position and Grade Levels of Responsibility	5
A.2	Immediate Prior Experience of SACs (1990-91)	6
A.3	Core Team Training: Number of Teams and Staff Trained by SACs, 1991-1992	6
A.4	Percent of Time Reported by SACs in Each Area of Responsibility, Average and Maximum	7
A.5	Recordkeeping, Administrative Functions, and Alliance Work of SACs, 1991-92	8
A.6	Students Served and Activities Conducted/Coordinated by Substance Awareness Coordinators	9
B.1	Programs Held for Parents and Number Attending, Atlantic City	13
B.2	Programs Held for Parents and Number Attending, Elizabeth	14
B.3	Programs Held for Parents and Number Attending, Irvington	14
B.4	Programs Held for Parents and Number Attending, New Brunswick	15

PAGE

B.5 Programs Held for Parents and Number Attending, City of Orange 15

B.6 Programs Held for Parents and Number Attending, Paterson 16

B.7 Programs Held for Parents and Number Attending, Trenton 17

C.1 Evaluation Strategies Used by School Districts, 1991-92 24

C.2 Students Referred for Drug and/or Alcohol Treatment, 1991-92 26

D.1 New, Continuing and Reactivated Cases, FY 1991 - FY 1992 32

D.2 Primary Reasons for Referral of Students to Core Team, FY 1990-92 33

D.3 Actions of Core Teams, FY 1990 - FY 1992 34

FIGURES

A.1 Proportion of Time Spent by SACs in Major Areas of Responsibility, 1991-92 7

A.2 Students Served by SACs, by Grade Range, 1991-92 9

A.3 Counseling Activities Performed in FY'91 by SAC Is and in FY'92 by SAC IIs 10

A.4 Type of Contacts Made on Behalf of Students in FY'91 by SAC Is and FY'92 by SAC IIs 11

B.1 Number of Sessions Attended by Participants in Emergency Grant-Sponsored Workshops 18

B.2. Evaluation of Workshops: Use by Participants of What They Have Learned "About Being A Parent" 18

B.3 Evaluation of Workshops: Use by Participants of What They Have Learned About Drugs and Drug Use 19

B.4 Evaluation of Workshops: "Have You Talked to Anyone About What You Learned in This Course?" 19

B.5 Evaluation of Workshops: Participants Review of Drug and Alcohol (D&A) Policies and Curriculum 20

B.6 Evaluation of Workshops: Information on Counseling Services 20

PAGE

B.7 Evaluation of Workshops: "What Should the District Do Next to Support Parents and Others?" 21

C.1 Percentage of Students Served by Public and Nonpublic School DFSCA-Funded Programs, By Race/Ethnic Group, 1991-92 23

C.2 Prevention Curricula Used by Elementary/Secondary, 1991-92 ... 25

C.3 Number of Core Teams, by Level, 1990-91, 1991-92 27

C.4 Number of Staff Participating on Core Teams, by Level, 1990-91, 1991-92 27

C.5 Number of Substance Awareness Coordinators, Full- and Part-Time, by Level, 1991-92 28

C.6 Number of Staff Assigned to Substance Abuse Counseling, Full- and Part-Time, by Level, 1991-92 28

C.7 Staff Trained in Areas of Substance Awareness Education, 1990-91,-1991-92 29

D.1 Students Referred to Core Teams, by Type of Reason, FY 1990-1992 33

D.2 Areas of Training Most Frequently Requested by Core Team, FY 1992 35

Annual Report on the Effectiveness of Drug and Alcohol Programs Administered by the Department of Education, 1991-92

Executive Summary

This report describes the outcomes of three grant programs administered by the department in drug and alcohol prevention education and intervention: (1) the Substance Awareness Coordinator Grant Program II; (2) the Emergency Grant Program; and (3) the Drug-Free Schools and Communities Act (DFSCA) Entitlement Grant Program. It also summarizes the impact of core team training sponsored by the department.

The Substance Awareness Coordinator (SAC) Grant Program II, or SAC II, is a three-year competitive program which provided funds to 64 districts to hire a staff member to coordinate all aspects of a drug and alcohol education program. Evaluation data submitted following the first year (1991-92) of the SAC II program yielded the following results:

* SACs served over 12,000 students in the first year of this second phase of the grant program. This total included both students abusing substances and those in need of prevention and related services. For these students, SACs provided or coordinated the delivery of 117,000 prevention and intervention activities (e.g., counseling, referring to outside agencies, meeting with staff and parents).

* SACs served 1,200 students who were not abusing substances, but who were affected by abuse of alcohol and/or other drugs at home, i.e., Children of Alcoholics (COA's) or Children of Drug Abusers (CODA's). This figure represents a doubling of the number served in the third year of the first phase of the grant program.

* SACs spent approximately 60 percent of their time on administering and delivering intervention services, 20 percent of their time on technical applications, e.g., training and curriculum development, and the remaining 20 percent on recordkeeping and external relations, e.g., participation on the Governor's Municipal Alliance.

The Emergency Grant Program was authorized by the DFSCA, and provided funding to seven targeted districts to hire one full-time Emergency Grant Coordinator to engage parents and the community in the districts' broad-based prevention efforts. Evaluation data submitted by the participating districts indicated successful involvement of parents and the community through workshops on parenting and drug abuse prevention:

* More than 1,750 parents and community members in seven districts participated in workshops and community events sponsored through the grant program.

* Participants attended an average of three workshop sessions and reported a high level of use of what they learned about parenting and about drugs and drug use.

* When asked what the districts should sponsor in the future, three participants in five checked "neighborhood meetings," three in four responded "support groups," and four in five suggested "another course like this."

The Drug-Free Schools and Communities Act (DFSCA) Entitlement Grant Program provides funds to districts for prevention and intervention activities. Use of these funds by districts is varied as is the configuration of their prevention and intervention services.

Data from the 1991-92 program year indicate:

* that 47 percent of districts target DFSCA funds toward students experiencing academic failure, 46 percent toward students with emotional problems, 43 percent toward COA's/CODAs, 26 percent toward youth who have attempted suicide, and 25 percent toward student athletes;

* both public and nonpublic school systems appear to be reaching a similarly diverse student population with their DFSCA-funded programs;

* the number of districts using locally developed prevention curriculum declined from 1991 to 1992, the number using "Here's Looking at You, 2000" remained stable, while the number using the D.A.R.E. (Drug Abuse Resistance Education) increased dramatically particularly in the elementary grades;

* districts reported referring a total of 56,000 students to services for treatment of problems related to substance abuse, an increase of 52 percent over the 1990-91 school year. The number referred to resources outside the school, (e.g., outpatient care, Al-anon/Al-Ateen), was over 21,000, a 31 percent increase over 1990-91;

* the number of core teams, school-based committees which meet to consider responses to the problems of chemically affected students, increased at every level from 1990-91 to 1991-92, with the number at the middle school/junior high school level more than doubling; and

* the number of full-time substance awareness coordinators working in districts increased by 32 percent, while the number of (other) staff assigned to substance abuse counseling full-time increased by 39 percent and the number assigned part-time increased more than four fold.

Core Team Training has been provided by the department to teams of staff from local districts for six years. Core teams are interdisciplinary committees which address the problems of chemically affected youth. Those

core teams which were trained by the department report for four semesters on the students they have reviewed. The 55 teams sending the department data for 1991-92 reported:

* an increase in the percentage of students referred to the core team for drug and alcohol related problems (from 28 to 38 percent), while the number referred for school related concerns remained stable at 49 percent and "Other" reasons declined to 13 percent;

* in response to the problems indicated by the responses for referral, the core teams chose one-on-one counseling or one-on-one contact in slightly more than half the cases (53 percent) and referred students to an out-of-school agency or authority in 13 percent of the cases;

* core teams met an average of 16 times in the fall semester and 18 times in the spring semester, and core teams reported that "mastering nuts and bolts" and "mastering intervention skills" were the most essential tasks that they had to address.

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BACKGROUND

In 1986, the Governor's Blueprint for a Drug-Free New Jersey examined the issue of drug and alcohol abuse in our state, particularly among young people. It identified a need for a comprehensive, coordinated, statewide strategy to address the problem.

Since then, the State Board of Education has encouraged the adoption of substance abuse policies in local districts. In 1988, legislation was enacted (N.J.S.A. 18A:40A) to consolidate and revise existing laws and provide new direction for school district substance abuse prevention efforts. Accordingly, the Department of Education has accelerated its prevention efforts by establishing grant programs, increasing training opportunities, publishing guides for program implementation and developing interagency agreements to expand services to youth. This report is an evaluation of the first year of the Substance Awareness Coordinator Grant Program II (1991-92), the Emergency Grant Program (1990-92), the sixth year of the Drug-Free Schools and Communities Act (DFSCA) Entitlement Grant Program (1991-92), and school building core teams trained by the Department of Education.

GRANT PROGRAMS

A. SUBSTANCE AWARENESS COORDINATOR (SAC) GRANT PROGRAM II

Recognizing the need to coordinate all aspects of the substance abuse program, the Department of Education established the SAC Grant Program in 1987. The first SAC grant program awarded funds for three years to 65 districts to hire 69 full-time SACs. The second program (SAC II) began in July of 1991 with the awarding of funds to 64 districts to hire SACs. Districts applied for either a K-12 SAC position or an elementary, (K-6, K-8) SAC position. This report covers the first year of the SAC II grant program.

SACs are responsible for:

1. providing regular in-service training for district substance abuse programs;

2. developing, administering, and providing substance abuse intervention services at elementary and secondary levels;

3. developing substance abuse curriculum and instruction;

4. assisting districts in revising and implementing drug and alcohol policies and procedures;

5. cooperating with the Governor's Alliance of communities and community-based programs and services; and

6. developing and coordinating agreements and contracts with community-based substance abuse service providers and agencies.

Districts receiving grants were responsible for reporting data on students who receive services from the SAC. The data are entered into a computer file or, in the case of districts not using the department's automated recordkeeping system, onto forms provided by the Department of Education. The data on students from this system are supplemented by a Summary Report which SACs complete on their program activities.

B. EMERGENCY GRANT PROGRAM

The Emergency Grant Program, authorized by the federal Drug-Free Schools and Communities Act, allocated additional funds in 1990 for states to establish programs in districts demonstrating significant need. Although federal funds for this program were administered through the State Department of Education in 1990, continued funding under the Emergency Grant Program is only available through a direct competitive grant from the U.S. Department of Education.

The Emergency Grant Program provided funding for one full-time staff position (Emergency Grant Coordinator) and program implementation to seven urban districts (see Appendix A) for the purpose of engaging parents and the community in the districts' broad-based prevention efforts.

The responsibilities assigned to the Emergency Grant Coordinator included:

1) Parent outreach activities designed to foster parent involvement with the district's prevention program, to increase parent awareness of substance abuse issues, and to provide parents with the necessary resources for obtaining support services.

2) Community substance abuse prevention activities developed in conjunction with the local municipal alliance.

3) Staff development activities establishing linkages between the schools and parents for the purpose of substance abuse prevention.

This design was predicated on research findings in alcohol and other drug prevention that show that a comprehensive community-wide program which encourages teenagers to avoid cigarettes, alcohol, and marijuana is far more successful than programs which rely on only one socializing institution (i.e., the school) to deliver the message. Success of prevention efforts in the schools is contingent upon the degree to which the school's program goals are reinforced in the broader community context.

In January 1990, seven urban districts in New Jersey received grants of up to $100,000 for an 18-month period to fund one Emergency Grant Coordinator who would reach out to parents, community members, civic associations, and community agencies in order to broaden the scope of the district's substance awareness program, and bring prevention into the home.

C. DRUG-FREE SCHOOLS AND COMMUNITIES ACT (ENTITLEMENT) GRANT PROGRAM

The federal Drug-Free Schools and Communities Act (DFSCA) of 1986 is the primary source of funds to local districts for alcohol and other drug prevention and intervention activities. This entitlement program provides funds for curriculum development, staff training, and intervention programs.

In 1991-92, the amount of DFSCA entitlement funds allocated to districts by the Department of Education was $10.5 million, an increase of 24 percent over the previous year. In order to receive DFSCA funds, districts must submit applications to the department which include projected expenditures and services, as well as specific information on their substance awareness program.

FINDINGS

FINDINGS

A. Substance Awareness Coordinator Grant Program II

1. Background of SACs, Service Provided, and Job Responsibilities

The grant-funded SACs are required to coordinate substance awareness programming for all students within the grade ranges they serve. Thus, a SAC serving a K-12 district who provided direct services to middle school students would also be responsible for coordinating the provision of direct services in high school and elementary grades, even though he/she did not personally deliver those direct services.

SACs in the grant program were almost evenly divided between working at the elementary level (N=33) and the K-12 level (N=31). Approximately one half of the SACs were responsible for programs in kindergarten through grade eight; one-third were responsible for programs covering kindergarten through grade twelve. (See Table A.1.)

Table A.1
SACs by Type of Position and
Grade Levels of Responsibility

	Number	Percent
Type of SAC Position		
Elementary	33	52%
K-12	31	48%
Grades Responsible		
K-5, K-6, or K-8	29	45%
8-12 or 9-12	9	14%
K-12	22	34%
5-8, Other	4	6%

Table A.2 examines the background of SACs in terms of their prior position, both where they were employed (location) and type of position. Most SACs (78 percent) were employed in the same district in the year preceding the grant awards. Approximately one in five (22 percent) were employed in other districts, treatment centers, or other locations, e.g., colleges.

Of the 44 who reported prior full-time experience as SACs, more than two in three (69 percent) were in the same school district as the previous year; four SACs (6 percent) held the position the previous year in a different district. (Note: Where a grantee district had employed a full-time SAC in the year prior to the grant, the district was required to use grant funds to supplement, not supplant its existing efforts.)

Table A.2
Immediate Prior Experience of SACs (1990-91)

	N	Percent
Location		
Same district	50	78%
Other school district	5	8%
Social-service agency	4	7%
Other	5	8%
Type of Positions		
Full-time SAC	44	69%
Part-time SAC	4	6%
Teacher	7	11%
Other	9	14%

SACs provided 487 in-service programs for their districts' schools; a total of 10,264 school staff (duplicated count) were trained in these programs. SACs further indicated that they organized 366 assembly programs and conducted 181 themselves. Alcohol and other drug prevention education classes were provided 2,751 times. SACs indicated that they coordinated/organized 68 initial core team trainings and conducted 26 other trainings. (A core team is an interdisciplinary committee whose members receive intensive training to identify, refer, and provide supportive services for the high-risk student.) The number of core teams trained was slightly higher at the middle schools than at the elementary and high school levels. Similarly, almost half (49 percent) of the staff trained were from the middle schools. (See Table A.3, below.)

TABLE A.3
Core Team Training: Number of Teams and Staff Trained by SACs, 1991-1992

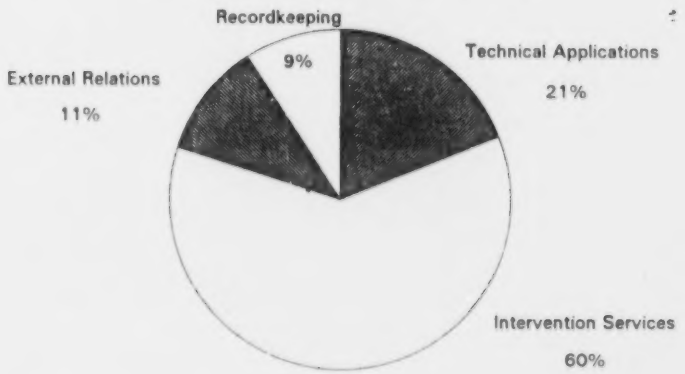
	Teams	Staff
Elementary	22	130
Middle	37	330
High School	26	218

SACs reported that they spent the largest portion of their time (41 percent) on the delivery of intervention services, followed by the development and administration of intervention services (19 percent). (See Table A.4 and Figure A.1 below.) Both elementary and K-12 SACs distributed their time across tasks in a similar fashion.

Table A.4
Percent of Time Reported by All SACs in Each Area of Responsibility, Average and Maximum

Technical Applications	Average	Maximum
In-service training	8%	20%
Development of substance abuse curriculum & instruction	6%	20%
Assistance to the district in revising the implementing drug and alcohol policies & procedures	7%	22%
Intervention Services		
Development & administration of substance abuse intervention services	19%	70%
Delivery of services	41%	80%
External Relations		
Participation on Governor's Alliance	7%	20%
Development & coordination of agreements & contracts with community-based substance abuse service providers & agencies	4%	18%
Recordkeeping		
Maintaining data files on the recordkeeping system	9%	25%

Figure A.1
Proportion of time spent by SACs in major areas of responsibility, 1991-92



Two thirds of the SACs indicated that they enter data themselves onto the department's SAC recordkeeping system; clerical staff perform data entry in approximately one-fourth of the grantee districts. Of the administrative functions performed by SACs, five SACs in six indicated they were involved in grant writing and two SACs in three performed Drug-Free Schools and Communities Act program budgeting. Two SACs in three were members of their local municipal alliance committees; about one in five held a position as an officer. (See Table A.5.)

Table A.5
Recordkeeping, Administrative Functions, and Alliance Work of SACs, 1991-92

	Number	Percent
Data entered onto SAC Recordkeeping System by:		
SAC	49	67%
Counselor	6	8%
Clerical staff	17	23%
Others	1	1%
Administrative functions:		
Grant writing	53	83%
DFSCA budgetary	42	66%
Supervising professional staff	17	27%
Other	20	31%
Municipal Alliance Committtee:		
No functioning alliance	3	5%
Not a member	7	11%
A member	42	66%
An officer	12	19%

2. Student Services Data from the SAC Recordkeeping System

The program results below are, for the most part, an account of all SACs' activity. For several identified items, however, the data are aggregated from the 60 (out of 64) districts which used the automated (rather than manual) recordkeeping system. Where appropriate, the analysis below compares the results of the final year of the first SAC grant program (1990-91) identified as "SAC I," with the first year of the new grant program (1991-92), identified as "SAC II." There were 69 SACs in 65 districts in the SAC I grant program, and one SAC in each of 64 districts in the second year of the SAC II grant program.

a. High rate of activity

The SAC IIs "hit the ground running." They reached a level of service in one year that was not reached by the SAC Is until

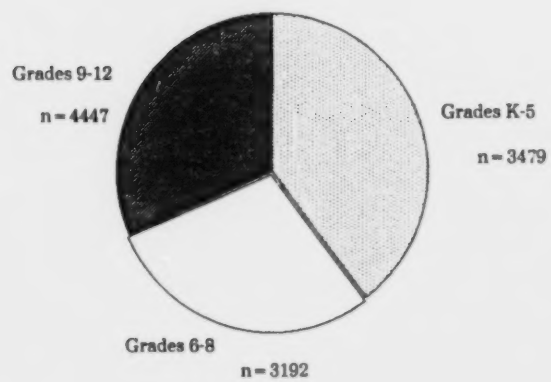
their second year. The SAC IIs saw a total of over 12,000 students in the 1991-1992 school year, compared to approximately 10,000 seen by the SAC Is in their third and final year of the grant in 1990-91. SAC IIs also engaged in slightly more activities in their first year then did the SAC Is in their final year. (See Table A.6 below.)

Table A.6
Students Served and Activities
Conducted/Coordinated by Substance Awareness Coordinators

	SAC I FY 91	SAC II FY 92
Students Served	9,729	12,066
Number of Activities	112,500	117,607

Two students in five served by SAC IIs were in high school (grades 9-12); approximately three in ten in both middle grades (6-8) and elementary grades (K-5). (See Figure A.2.)

Figure A.2
Students served by SACs, by grade range, 1991-92



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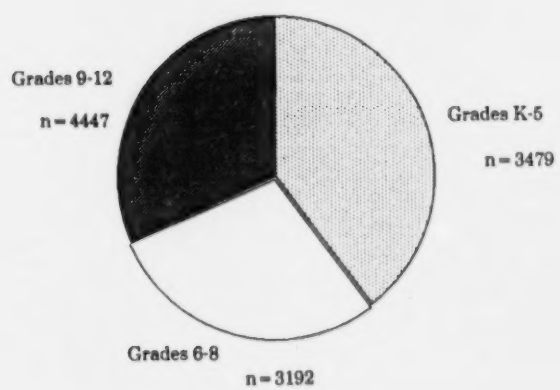
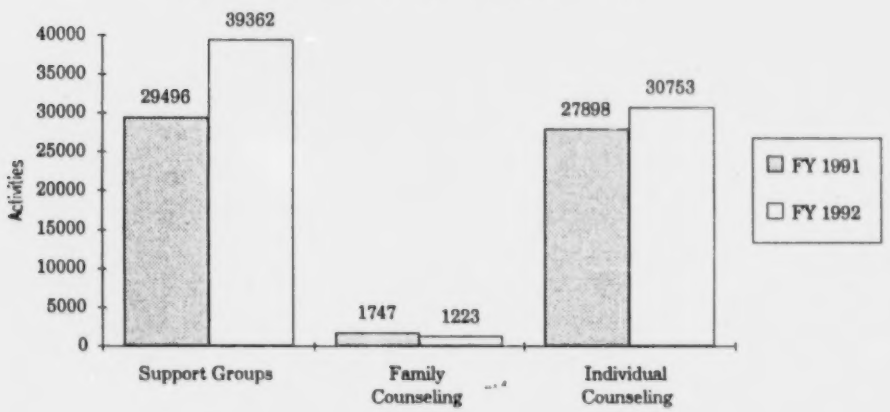


b. Growth in the number of COAs and use of groups

There was a significant increase in the number of students identified as children of alcoholics or other substance abusers (abbreviated as "COAs") from 600 by the SAC I grantees in FY'91 to 1,200 by SAC IIs in FY'92. This increase is reflective of the fact that 33 of the SAC IIs had responsibility for elementary grades only. If identified as a COA on the recordkeeping system, the student is not abusing substances. Those students who are abusing substances themselves and who are living with an alcohol or other drug abuser are counted on a separate "intake file."

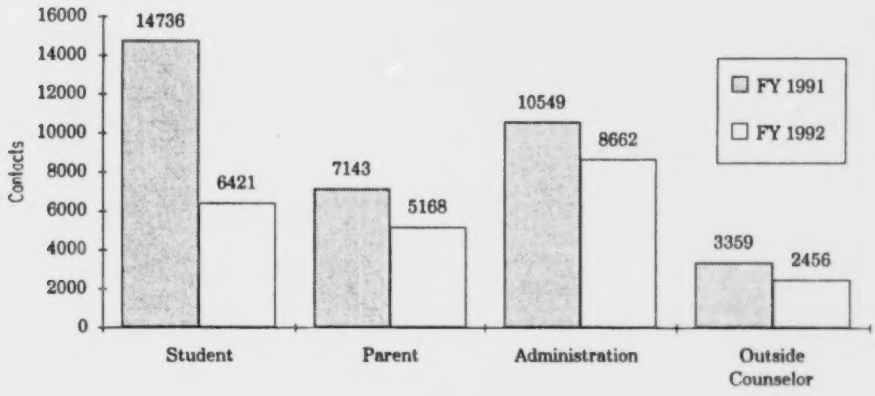
Use of student support groups is a common strategy in working with COAs. The increase in the number of student support groups (which accounts for the increase in the total number of activities) probably reflects work with younger students, many of them COAs. Individual counseling increased by 10 percent. However, the number of students served increased by 24 percent. Thus, the absolute increase in individual counseling represents a slight de-emphasis by SAC's as a whole on the use of this intervention strategy.

Figure A.3
Counseling activities performed in FY '91 by SAC Is and in FY '92 by SAC IIs



The SAC I grantees in FY'91 appeared to have had more non-counseling contacts with students and others. (See Figure A.4 below.) The non-counseling contacts may indicate that the SAC Is, in dealing with active substance abusers, were in contact with school and district administration and outside counselors more frequently in order to bring other resources to bear upon the students' alcohol and other drug problems. The SAC II group, as illustrated in Figure A.3, had more counseling contacts with students, both in individual sessions and support groups.

Figure A.4
Type of contacts made on behalf of students in FY '91 by SAC Is and FY '92 by SAC IIs



c. Use of outside resources

SACs continue to use outside agencies (e.g., outpatient clinics of hospitals, mental health agencies) to provide counseling and intervention services for students abusing drugs. It is, by far, a minority of students who are helped in this fashion; most continue to be served by in-school staff. However, the proportion of students with an intake file (i.e., are using substances) referred to outpatient services increased from 10 percent in 1990-91 (SAC Is) to 19 percent in 1991-92 (SAC IIs), and the proportion referred to residential treatment increased from two percent to seven percent.

B. Emergency Grant Program

GRANT ACTIVITY AND EVENT PARTICIPATION

Seven urban districts were selected to participate in the Emergency Grant Programs based on parameters set by the USDOE and the quality of their applications to the department. The goals of the program were: i.e., to promote awareness of drugs and drug abuse prevention, to teach parenting skills, and to provide support for parents.

Grant participants completed two evaluation forms:

(1) an Event Participation Form on which they recorded the number of participants in various types of activities sponsored through the grant; and

(2) a Workshop Evaluation Form on which participants indicated their intentions to use what they had learned in workshops and information they received on alcohol and other drug curriculum and counseling services.[1]

The brief descriptions of project activities below are based upon an analysis of data submitted on the Event Participation Form. This analysis shows that:

- most programs reached a significant number of parents and community members with a variety of activities (e.g., community days, parenting skills workshops, drug awareness sessions);
- a core of highly active parents/community members became involved in the program; and
- many teachers and other school staff learned techniques for involving parents in the alcohol and other drug curriculum through in-service programs offered by the grant coordinators.

[1] Of the 237 participants who completed workshop evaluation forms, more than 75 completed a Spanish language version of the form. These were all in the New Brunswick Emergency Grant Project.

1. Atlantic City School District. The Emergency Grant Coordinator (EGC) began the project by reaching out to parents through neighborhood centers. At an initial meeting, parents identified on a questionnaire the workshops and programs they needed. Based upon this assessment, the EGC organized a series of parenting skills and drug awareness workshops held in neighborhood centers. From this base, the EGC developed community substance awareness prevention programs, including a mentor program that linked youth with adult role models from the community.

Table B.1
Programs Held for Parents and
Number Attending, Atlantic City

Type of Program	No. of Sessions	Duplicated Count of No. of Participants
Drug Awareness	13	103
Parenting Skills	8	99
Parent Support Groups	11	108
Other*	5	907
Total	37	1,237

* Includes community day

A total of 973 individuals were involved in Atlantic City's programs; 41 of these were community members who were not parents. Of those individuals, 44 percent were judged by the EGC to be "highly active," 32 percent were "active," and 25 percent "moderately active." Atlantic City also conducted five inservice programs for district staff members reaching nearly all district staff (800): 622 staff at the elementary grades, 184 at the secondary level, and 20 with K-12 responsibility.

2. Elizabeth School District. The EGC in Elizabeth addressed parents' role in prevention through the commercial program, Preparing for the Drug-Free Years (see Table B.2, Parentings Skills, attendance count). The staff inservice focused on identifying and seeking support for children of alcoholics and other drug abusers.

The EGC opened up new lines of communication with the police department, sought out city service organizations, and became involved in the municipal alliance committee. The most significant drug prevention event was Red Ribbon Week, a total school and community effort for which 30,000 red ribbons purchased through donations, were distributed to all public and parochial school students.

Table B.2
Programs Held for Parents and
Number Attending, Elizabeth

Type of Program	No. of Sessions	Duplicated Count of No. of Participants
Drug Awareness	3	85
Parenting Skills	20	180
Parent Support Groups	0	--
Other	0	--
Total	23	265

3. Irvington School District. Due to personnel turnover, program implementation was delayed in Irvington. The EGC developed a parent support group program and was also successful in reaching out to 78 community members who were not parents of school-aged children. Nearly 300 parents and other community members participated in a Community Bonding project. The EGC held four workshops for 44 district staff, 33 elementary staff and 11 secondary staff.

Table B.3
Programs Held for Parents and
Number Attending, Irvington

Type of Program	No. of Sessions	Duplicated Count of No. of Participants
Drug Awareness	0	0
Parenting Skills	0	0
Parent Support Groups	5	185
Other	1	293
Total	6	478

4. New Brunswick School District. The EGC in New Brunswick, through courses in drug awareness, parenting skills, support groups, and through resource and referral exhibits, reached a large number of parents and community members. Most significantly, the coordinator was able to make contact with the Hispanic community; many Hispanic parents and community members attended various workshops on parenting skills and drug awareness. As the figures in the table below indicate, the program was highly active. Like the program in Atlantic City, New Brunswick's program offered a variety of courses and workshops, as well as community-wide events that addressed the purpose of the grant program; i.e., to help parents reinforce the message of prevention education.

Table B.4
Programs Held for Parents and
Number Attending, New Brunswick

Type of Program	No. of Sessions	Duplicated Count of No. of Participants
Drug Awareness	4	97
Parenting Skills	27	355
Parent Support Groups	6	101
Other	10	899
Total	47	1,452

A total of 346 individuals participated in these activities, independent of the count of participants in the resource and referral exhibits (grouped under the "Other" category above). Thus, well over 300 citizens of New Brunswick responded to these course offerings. The majority of those attending the workshop were from the Hispanic community. A total of 56 participants were community members, but not parents of school-aged children.

The coordinator conducted 17 sessions for district staff. These training sessions were attended by 138 staff members, 66 elementary level staff and 72 staff with K-12 responsibility.

5. City of Orange School District. The EGC developed and disseminated a resource pamphlet including local treatment facilities and available support groups describing available resources for those using or affected by substances. The EGC organized four workshops for an established parent-community alliance that featured local treatment facilities reporting on their programs. This activity led to an ongoing relationship between the school district and the parent-community alliance. The workshops contributed to a more active alliance and a referral system for both students and community members. A mentoring program for seventh grade male students using mentors from the parent-community alliance and a parenting skills weekend for 50 families were implemented by the East Orange YMCA.

Table B.5
Programs Held for Parents and
Number Attending, City of Orange

Type of Program	No. of Sessions	Duplicated Count of No. of Participants
Drug Awareness	5	69
Parenting Skills	1	40
Parent Support Groups	5	56
Other	5	78
Total	16	243

Ninety-four individuals, nearly half of them (43) not parents of school-aged children, participated in these activities. Seventy-one of the 94 (76 percent) were judged by the coordinator to be "highly active," 8 (9 percent) were "active" and 15 (16 percent) were "moderately active."

6. Paterson School District. A major accomplishment of the EGC in Paterson was training parent leaders in drug awareness and parenting skills. These parent leaders then trained other parents. The parent-leader training featured experts in the areas of substance abuse, sex education/teen-age pregnancy, AIDS, and adolescent development. This core of trained parents offered prevention/support group workshops to other parents and community members. The school district began to work more closely with a local, multifaceted treatment agency in Paterson, to provide screening and assessment procedures as well as to offer a drama presentation for 8th grade classes.

Table B.6
Programs Held for Parents and
Number Attending, Paterson

Type of Program	No. of Sessions	Duplicated Count of No. of Participants
Drug Awareness	3	8
Parenting Skills	3	8
Parent Support Groups	2	8
Other	2	18
Total	10	42

All 42 of the individuals participating in grant-sponsored activities were parents of school-aged children. Twenty-two (52 percent) were judged by the coordinator to be "highly active," ten (24 percent) to be "active," and ten to be "moderately active." Two staff inservice sessions were held, with 20 district staff attending each.

7. Trenton School District. The EGC in Trenton developed a resource guide for parents and community members, contacted and became active with local area churches, developed a series with videotape presentations for prevention education, worked with school PTOs and parent support groups, and offered a weekly tutoring service for teen parents in each ward of the city.

Table B.7
Programs Held for Parents and
Number Attending, Trenton

Type of Program	No. of Sessions	Duplicated Count of No. of Participants
Drug Awareness	13	200
Parenting Skills	10	245
Parent Support Groups	12	30
Other	13	200
Total	48	675

A total of 252 individuals participated in all the above sessions, 75 of whom were community members and not parents of school-aged children. The coordinator also organized numerous in-service programs for the Trenton School District staff. Nearly 300 staff attended 22 sessions.

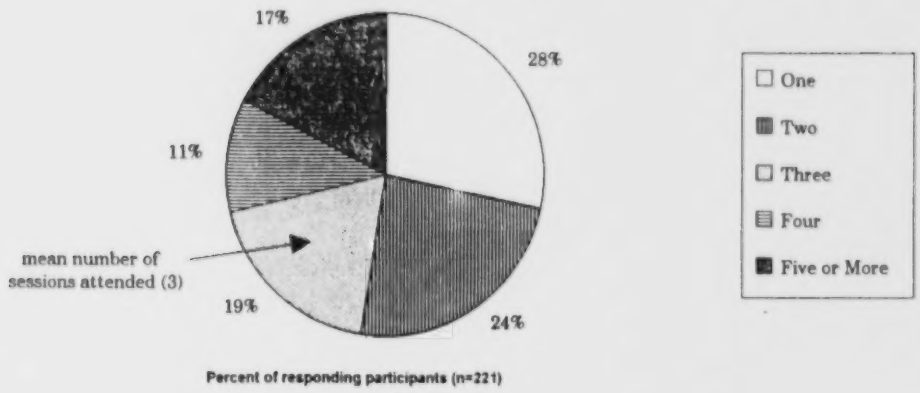
ANALYSIS OF THE EMERGENCY GRANT PROGRAM WORKSHOP EVALUATION FORMS

The department asked the seven coordinators to select key workshops or trainings (usually those meeting a minimum of three sessions) and have the community members report what they had learned on an evaluation form. Figures B.1 through B.7 in this section show the responses of the 237 workshop participants to questions posed on the workshop evaluation forms completed. Not all participants answered every question. The number of respondents to each set of questions is shown at the bottom of each figure.[2]

a. Attendance. Parents and community members attended an average of three workshop sessions. More than one participant in four (28 percent) attended four or more sessions. (See Figure B.1.)

[2] Where multiple parts are contained within one question (e.g., Figure 6 which shows the extent of use of various parenting skills learned by participants), the number indicated is for the part (skill) with the fewest number of responses.

Figure B.1
Number of sessions attended by participants in Emergency Grant-sponsored workshops



b. Use by participants of what they learned. The vast majority of respondents either have or intend to use what they learned in the workshops, both "about being a parent" (see Figure B.2) and about drugs and drug use (see Figure B.3). When respondents did not indicate that they intended to use the information, most often the reason was that the topic was not covered in the sessions attended by the respondent.

Figure B.2
Evaluation of workshops: Use by particpants of what they have learned "about being a parent"

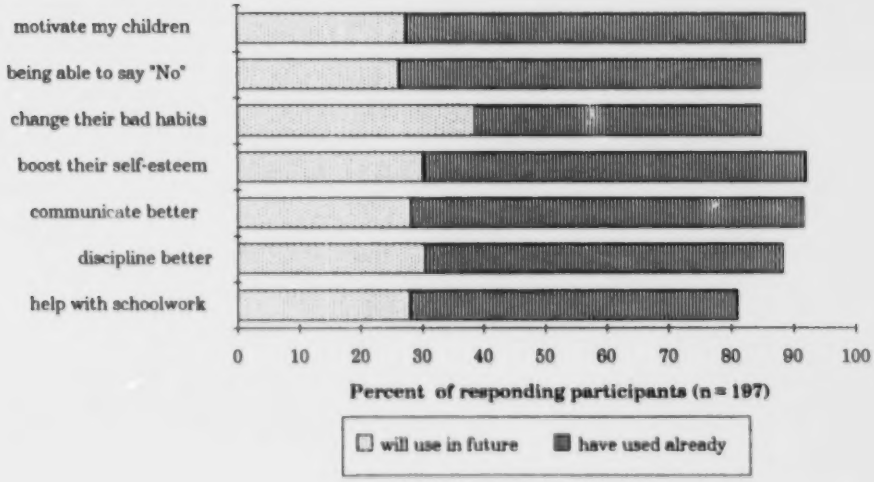
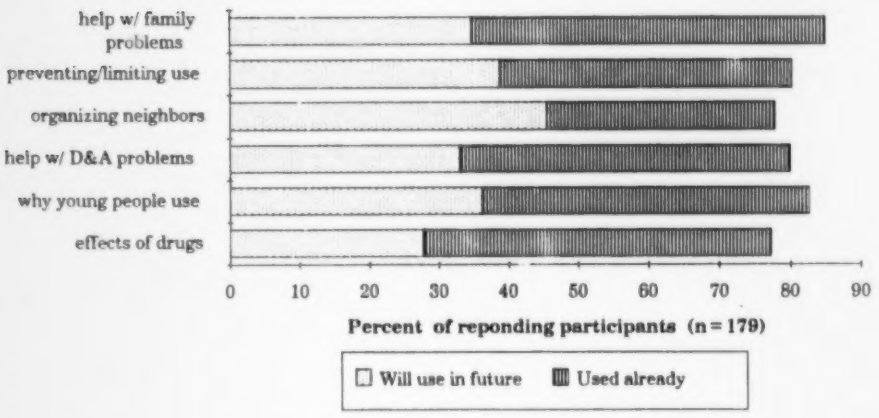
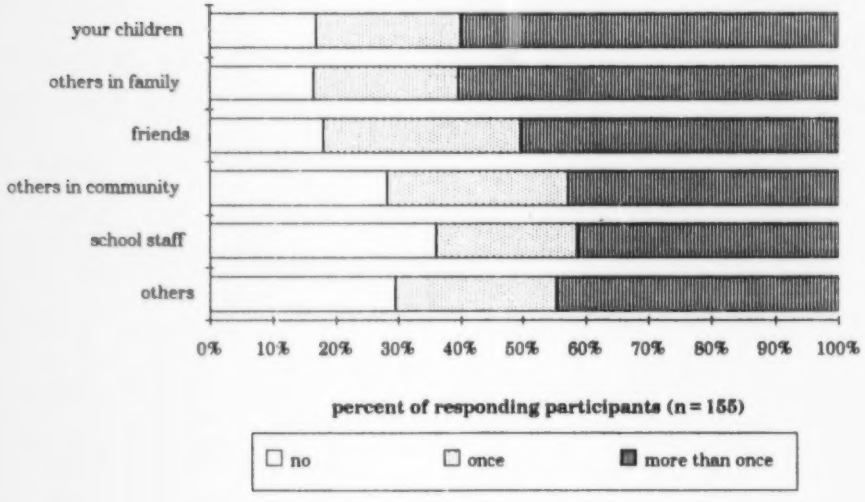


Figure B.3
Evaluation of workshops: Use by participants of what they have learned about drugs and drug use



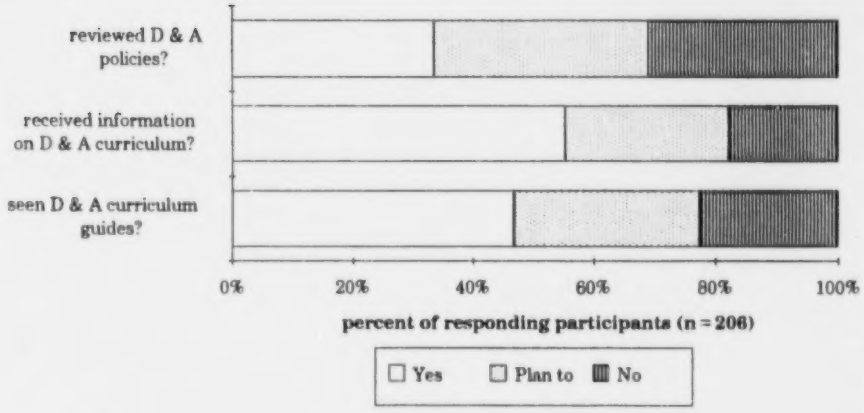
c. Discussion with others. Workshop participants talked to others about what they learned in the course. Most frequently, participants discussed what they learned with their children and others in their family. They least frequently discussed what they learned with school staff. (See Figure B.4 below.)

Figure B.4
Evaluation of workshops: "Have you talked to anyone about what you learned in this course?"



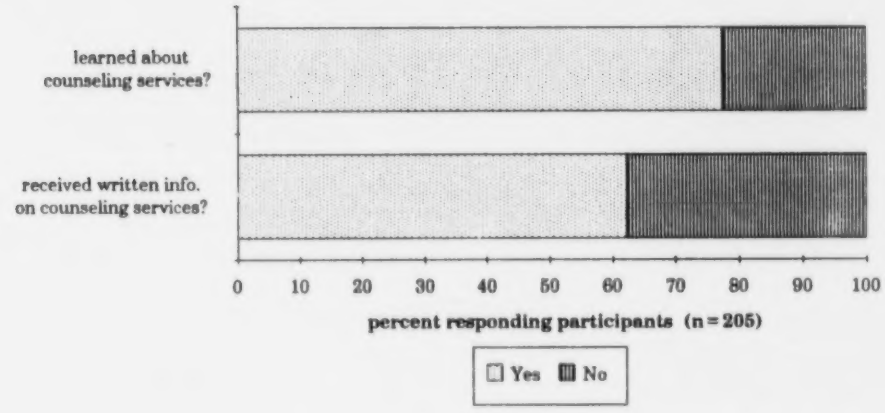
d. Participants and the drug and alcohol curriculum. In their workshops, most participants had received information on the district's curriculum. However, fewer than half had seen the district's curriculum guides or reviewed drug and alcohol policies.

Figure B.5
Evaluation of workshops: participants' review of drug and alcohol (D & A) policies and curriculum



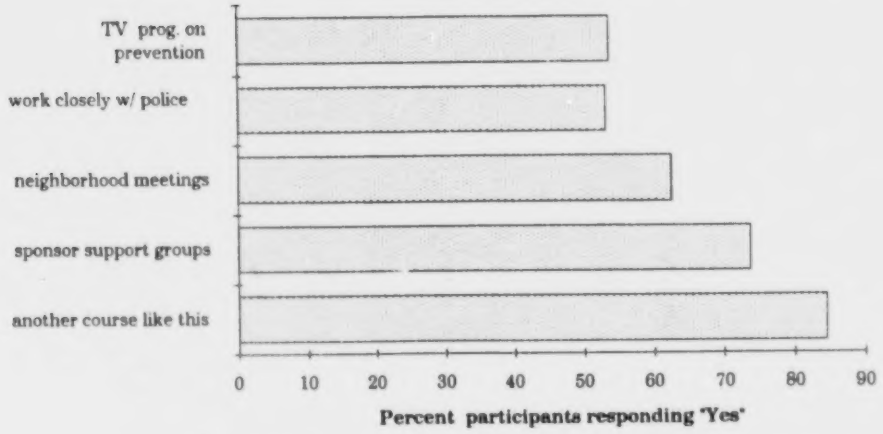
e. Participants and counseling services. More than half of the participants reported learning about counseling services and received information on the services available. (See Figure B.6 below.)

Figure B.6
Evaluation of workshops: information on counseling services



f. Suggestions for further activities. More than four participants in five thought the school district should "have another course like this." Three in four wanted the district to support groups, and three in five to hold neighborhood meetings. (See Figure B.7 below.)

Figure B.7
Evaluation of workshops: "What should the district do next to support parents and others?"



g. Comments by participants. The comments made on the evaluation form by participants were in response to the question "What have you learned that is most important to you?"

1. New approaches to parenting. Participants wrote of the new skills learned in parenting.

"How to handle things with your children in all aspects."
"To be firm with my children."
"Need for whole family to receive some treatment."
"To listen and give children a chance to speak their mind."
"How to help my children."
"To control and express myself when disciplining my children."
"How to control my anger, and to plan and have family meetings."
"How to teach child in a nice way - not to scream."

2. Alcohol and other drugs. Many exhibited a renewed commitment as they commented on the importance of prevention:

"Concerned parents want to prevent drug abuse."
"Keep everyone I can away from drugs."
"Drug and alcohol problem must be addressed at once."
"Prevent others from using drugs and hurting themselves."
"How to discuss drug issues more effectively."
"How to help my kids to say 'No' to drugs."

3. Assistance. Many participants commented on the need for parents to work together and to be aware of where they can find help:

"As parents we can get together."
"Shared family experience can produce community involvement.
"There's a lot to learn and share with other parents."
"I learned about the needs of the community."
"Availability of community resources for helping parents."
"Information on drug abuse resources available."
"Process for advising those in need so they may get assistance."

C. Drug-Free Schools and Communities Act (Entitlement) Grant Program

1. Target Populations

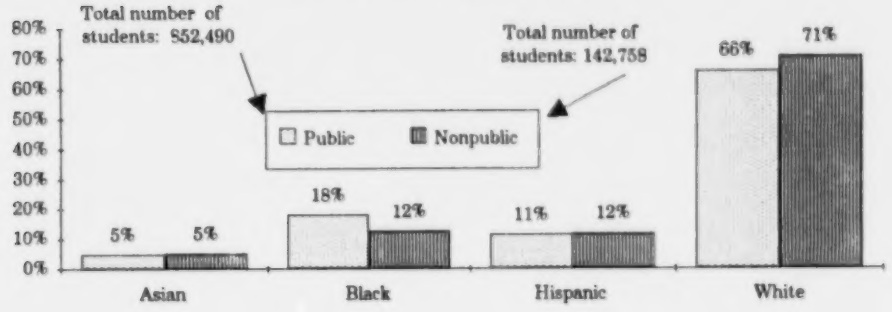
Districts are required to report to the department on: (1) target populations; (2) students served; and (3) evaluation strategies.

Seven districts in eight (87 percent) report that they use DFSCA funds to create programs for all students in the district; i.e., students in general. Most districts also direct DFSCA-funded programs to students at risk for substance abuse. Those at-risk categories of students served with DFSCA-funded programs include: students experiencing academic failure (targeted by 47 percent of responding districts) students with emotional problems (46 percent); Children of Alcoholics or Children of Drug Abusers (43 percent); abused or neglected children (31 percent); economically disadvantaged students (27 percent); children or youth who have attempted suicide (26 percent); student athletes (25 percent); and students who have committed violent or delinquent acts (21 percent).

2. Public and Nonpublic Students Served

DFSCA-funded programs reached more than 852,000 public school and 142,000 nonpublic schools students in 1991-92. (This number is based upon data received from 519 of the 585 districts receiving funds.) Both public and nonpublic systems appear to be reaching a similarly diverse student population with their DFSCA-funded programs. (See Figure C.1 below.)

Figure C.1
Percentage of students served by public and nonpublic school DFSCA-funded programs, by race/ethnic group, 1991-92



3. Evaluation Strategies

The table below shows that, after program documentation, the most frequently used methods for evaluating alcohol and other drug prevention and intervention programs are the use of tests to measure knowledge of, or attitudes about substance abuse, follow-up of individuals involved in the program, and the use of tests to measure the development of skills related to drug prevention (such as refusal skills).

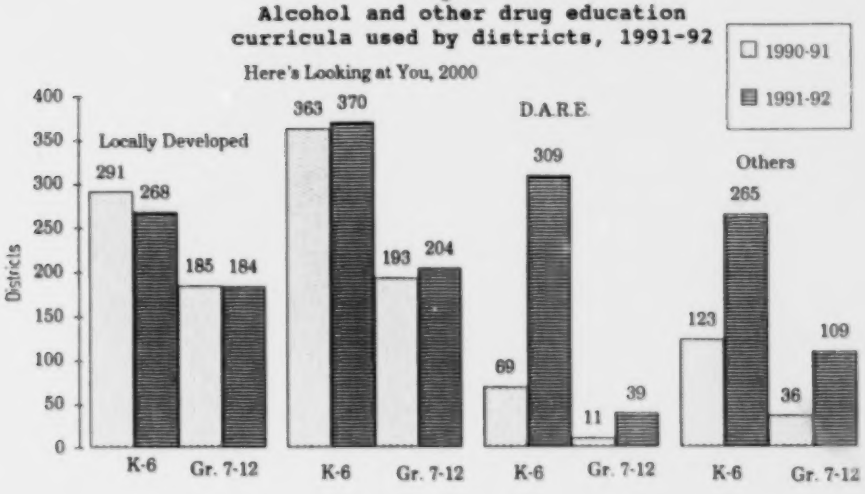
Table C.1
Evaluation Strategies Used by School Districts, 1991-92

Strategy	N	Percent
1. Documentation or description of program activities	391	76
2. Survey to assess program effect	193	37
3. Test to measure knowledge/attitudes about substance abuse	274	53
4. Surveys of incidence of substance abuse	102	20
5. Studies of indicators of substance abuse problems	112	22
6. Test to measure skills related to prevention (e.g., refusal skills)	226	44
7. Follow-up of individuals involved in program	252	49
8. Other	44	9

4. Prevention Curricula

Far more districts this year are using the D.A.R.E. (Drug Abuse Resistance Education) program and "other" curricula at both the elementary and secondary levels. (See Figure C.2 below.)

Figure C.2
Alcohol and other drug education curricula used by districts, 1991-92



The primary programs in the "Other" category are Social Problem Solving (in 58 elementary districts and 29 secondary in 1991-92), Quest: Skills for Growing/Adolescence (56 elementary districts and 36 secondary), Operation Aware (48 elementary districts and 4 secondary) and Growing Healthy (15 elementary districts and 3 secondary).

5. Intervention Services

The data in Table C.2 below indicate that students are referred most frequently to in-school services for problems related to alcohol and other drug abuse. In 63 percent of the cases, the student is referred to a program within the school (up from 55 percent in 1990-91); in 17 percent of the cases, the student is referred for treatment on an individual basis to an external resource (a slight decline from 19 percent in 1990-91); and in 21 percent of the cases, the student is referred to an external group; i.e., Alcoholics/Narcotics Anonymous or Alcoholics Anonymous/Al-Ateen (down from 26 percent in 1990-91).

School districts, in general, have shifted toward the use of school-based services and away from the use of resources external to the school. Additionally, more students are receiving services for the treatment of problems associated with alcohol and drug abuse. The total number of referrals increased for nearly every category, with the 56,787 referrals in 1991-92 representing a 52 percent increase over the 37,347 referrals in the previous year.

The number of students referred for steroid use, 230, represents no significant change from the 1990-91 figure of 222.

Table C.2
Students Referred for Drug
and/or Alcohol Treatment, 1991-92

		K-6	Gr. 7-12	Total
1.	In-School Services	8,453	26,401	34,854
2.	Private Physician	326	1,440	1,766
3.	Out-Patient Care	1,044	5,228	6,272
4.	Residential Tx[1]: Non-Hosp.	50	955	1,005
5.	Residential Tx: Hospital	49	757	806
6.	Sum Ind. External Tx (Lines 2-5)	1,469	8,380	9,849
7.	Alcoholics/Narcotics Anon.	170	4,654	4,824
8.	Al-Anon/Al-Ateen	1,263	5,997	7,260
9.	Sum Group Referrals (lines 7-8)	1,433	10,651	12,084
10.	Sum External Resources (lines 6&9)	2,902	19,031	21,933
11.	Total: All Resources (lines 1&10)	11,355	45,432	56,787

[1]Tx = Treatment

6. Other Activity

a. Core Teams

Core teams are school-based interdisciplinary committees which meet to discuss chemically affected students. The number of core teams and staff participating on those teams increased at every level from 1990-91 to 1991-92; the number of core teams and staff at the middle-school level more than doubled. (See Figures C.3 and C.4.)

Figure C.3
Number of core teams, by level, 1990-91 and 1991-92

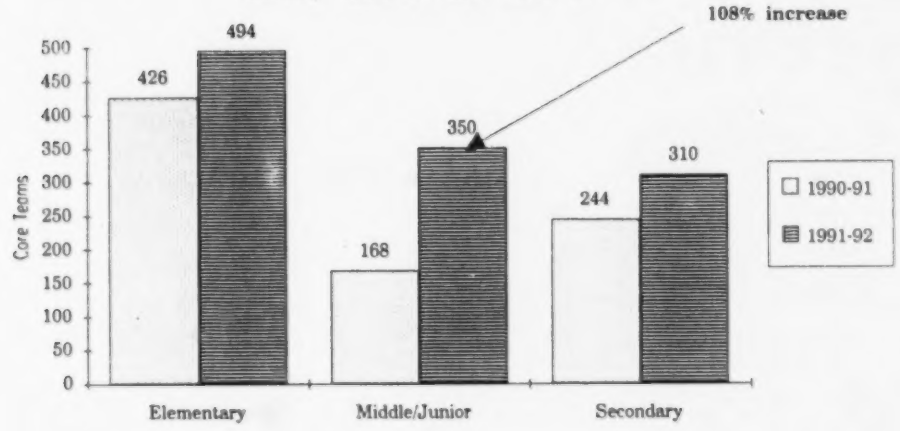
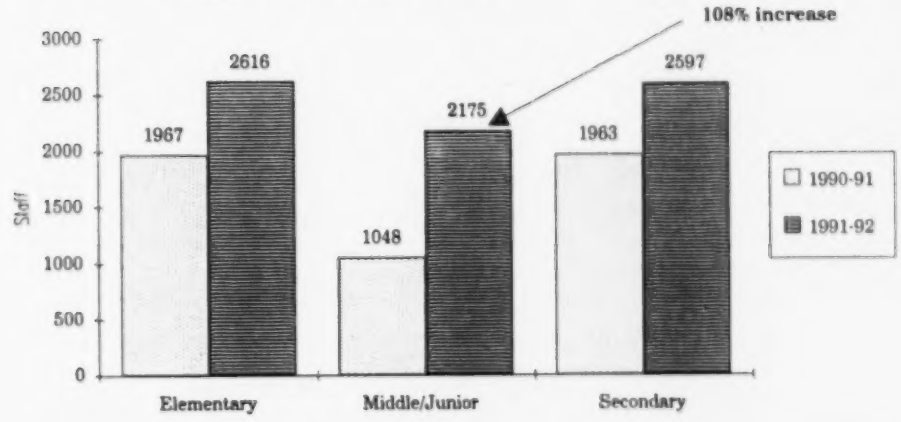


Figure C.4
Number of staff participating on core teams, by level, 1990-91 and 1991-92



b. Substance awareness coordinators and substance abuse counseling

Substance awareness coordinators (SACs) manage prevention and intervention program services. Their numbers have increased steadily since 1987-88. The total of full-time SACs increased by nearly a third, from 236 in 1990-91 to 318 in 1991-92 (see Figure C.5 below). The total number of staff assigned to substance abuse counseling has also increased. (see Figure C.6 below).

Figure C.5
Number of substance awareness coordinators, full- and part-time, by level, 1991-92

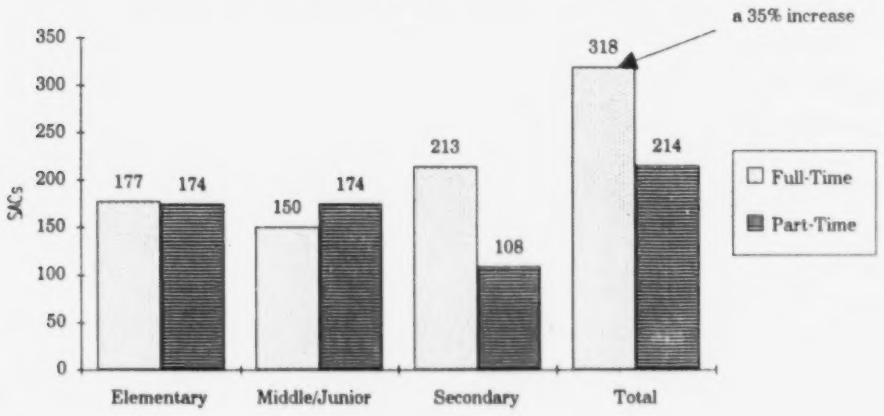
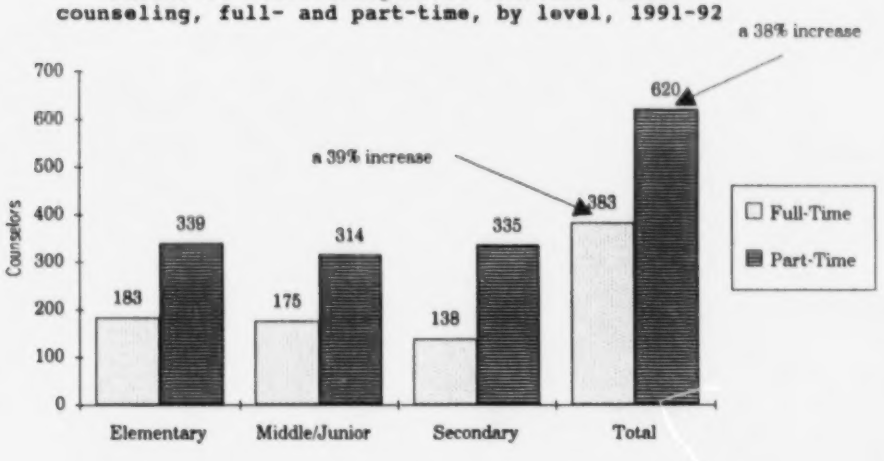


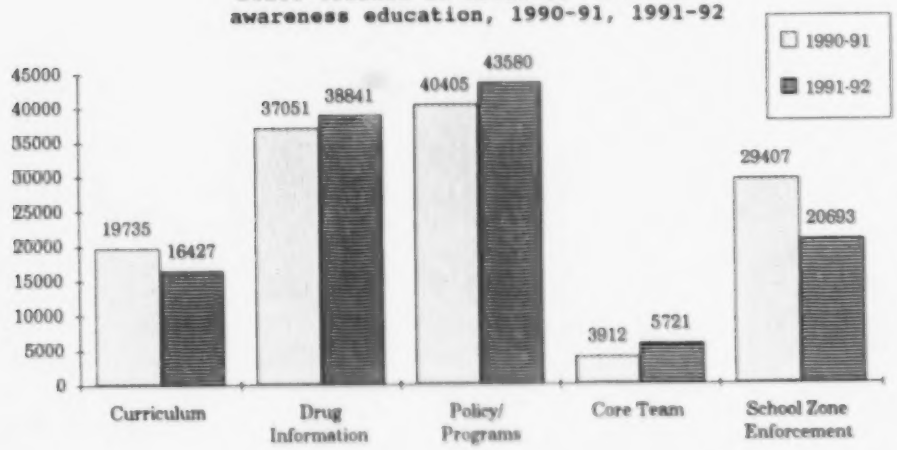
Figure C.6
Number of staff assigned to substance abuse counseling, full- and part-time, by level, 1991-92



c. Training

The decreases in the number of staff trained in school zone enforcement and curriculum are accompanied by increases in the areas of drug information, policy and programs, and core team functioning. (See Figure C.7.) The 30 percent decline in school zone enforcement training for the 1991-92 school year is an expected outcome. Many staff received school zone policy and procedure training in the year or two following the adoption of the 1988 regulations by the State Board of Education.

Figure C.7
Staff trained in areas of substance awareness education, 1990-91, 1991-92



CORE TEAM TRAINING

CORE TEAM TRAINING

A. Role of the Core Team

A core team is an interdisciplinary committee whose members receive intensive training to identify, refer, and provide support for the high-risk student. The core team meets on a regular basis to make decisions about students who have been referred to them from school staff, parents, and students. The goal is to facilitate early identification of students with substance abuse problems. The core team also provides the school with a reliable intervention strategy and treatment-referral process for these students.

The core team is designed to enable school districts of any size to satisfy state alcohol and other drug program mandates. Specifically, N.J.S.A. 18A:40A directs school districts to offer comprehensive substance abuse prevention and intervention programs to all students for the purpose of identifying those students who are abusing substances, assessing the extent of their involvement with substances and, where appropriate, referring the students to treatment agencies. Districts are further required to provide in-service training programs to school personnel which will enable the identification of, and appropriate response to, students who may be involved with substance abuse.

B. Data Submitted to DOE

For six years, the Department of Education has provided core team training to local districts. Core teams that are trained by the department report for four semesters on the students they have reviewed, as well as their functioning as a problem-solving group. Student data include: demographic data on students whose cases have come to the team, reasons for referral, sources of referrals, actions taken by the team, and outcomes for students. Team process information includes team membership, number of meetings, organizational issues addressed, sources of information, and needs for technical assistance and training. The following analysis summarizes data submitted by high school core teams trained by the department from 1989-90 to 1991-92.

C. Core Team Activity

1. Status of Students Referred

For the core teams reporting activity in FY 1991 (39) and/or 1992 (55), the total number of cases is as follows:

Table D.1
New, Continuing and Reactivated
Cases, FY 1991-FY 1992

	FY 1991 (N = 39 schools)	FY 1992 (N = 55 schools)
New cases	917 (64%)	1,930 (66%)
Continuing cases	455 (32%)	812 (28%)
Reactivated cases	68 (5%)	167 (6%)
	1,440	2,909

The number of cases was examined for schools that reported data to the department in both fall semesters or both spring semesters. Comparing fall 1990 activity to fall 1991 activity, there was relatively no change (+2 percent) in the number of cases examined by the team. However, there was an 11 percent increase in the number of new cases in spring 1991 compared to spring 1992 in those districts reporting in both semesters.

2. Reasons for Referral to Core Team - FY 1992

School-related reasons, i.e. conduct and behavior problems (34 percent), academic performance (10 percent), and attendance (5 percent), account for nearly half (49 percent) of the primary reasons for referral. Substance abuse policy violations (25 percent) constitute the second most frequently cited reason for referral. As a group, drug- and alcohol-related reasons for referral showed the biggest increase in FY 1992 while the total for school-related reasons did not change (see Table D.2 and Figure D.1 below).

Figure D.1
Students referred to core teams, by type of reason, FY 1990-1992

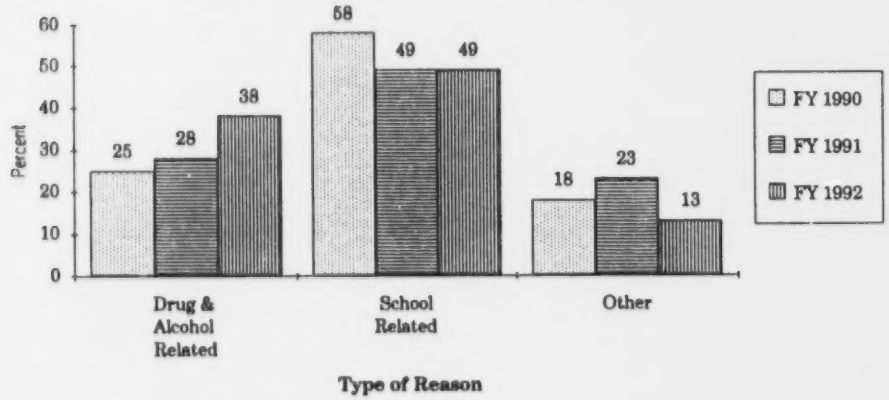


Table D.2
Primary Reasons for Referral
of Students to Core Team, FY 1990-92

Primary Problem	FY 1990 (N=22)		FY 1991 (N=39)		FY 1992 (N=56)	
Drug and Alcohol Related						
D&A Policy Violation	55	13%	321	17%	635	25%
Other Policy Violation	3	1%	54	3%	39	2%
Self-Reported Problem	33	8%	72	4%	231	9%
Recovering	12	3%	61	3%	44	2%
School Related						
Behavior/Conduct	173	41%	583	32%	856	34%
Academic Performance	55	13%	220	12%	254	10%
Attendance	15	4%	96	5%	122	5%
Other						
Family	28	7%	161	9%	211	8%
Health	10	2%	79	4%	43	2%
Other	36	9%	189	10%	80	3%
TOTAL	420	100%	1,836	100%	2,515	100%

3. Action of Core Team

One-to-one counseling or one-to-one contact of a team member with a student was the most frequently cited actions taken by the team in response to students' presenting problems. Slightly more than one action in two (53 percent) was this type of counseling or contact. Thirteen percent of the actions for student referrals entailed use of an out-of-school agency or authority.

Table D.3
Actions of Core Teams
FY 1990 - FY 1992

Action	FY 1990 (N=22)		FY 1991 (N=39)		FY 1992 (N=56)	
One-to-One Contact	261	23%	1,038	26%	1,488	26%
One-to One Counseling	211	19%	663	17%	1,545	27%
In-School Suspension	43	4%	113	3%	87	2%
Intervention/Insight Group	51	5%	299	8%	350	6%
Out-of-School Suspension	41	4%	79	2%	162	3%
Expulsion	2	0%	2	0%	14	0%
Other In-School	78	7%	181	5%	251	4%
Pre-Assessment	111	10%	510	13%	523	9%
Assessment (Out/School)	76	7%	257	7%	328	6%
Medical Exam	53	5%	282	7%	277	5%
Drug/Alcohol Agency	83	7%	204	5%	244	4%
Other Social Service	40	4%	146	4%	268	5%
Juvenile Authorities	30	3%	75	5%	129	2%
Other Out-of-School	43	4%	71	2%	116	2%
TOTAL	1,123	100%	3,920	100%	5,782	101%

NOTE. As multiple actions may be taken for any student, the number of actions exceeds the number of students referred.

Team process: findings

The following observations are based on the data reported on the team process questionnaires submitted by districts for the fall (N=53) and the spring (N=56) of 1991-92.

1. Team Composition and Number of Meetings

Core teams tend to have multiple membership from a few of the categories of professionals. Of the fifty-six core teams reporting (spring 1992), teachers have more than one member on 24 teams, child study team representatives on 10 teams, guidance counselors on eight teams, and building administrators have more than one member on five teams.

The average number of meetings of core teams did not change from the 1990-91 school year to the 1991-92 school year. An average of 16 meeting were held in the fall and 18 in the spring semester.

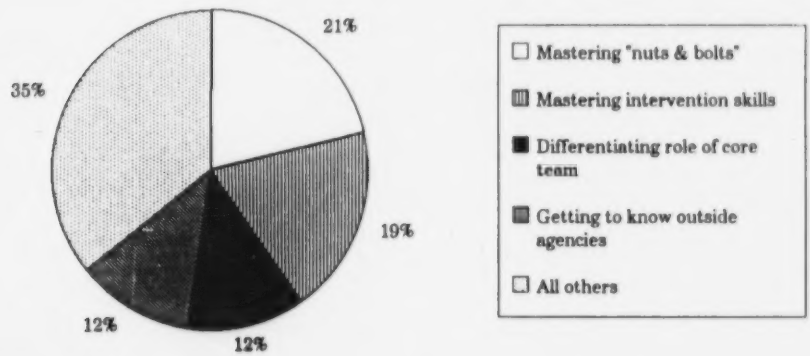
2. Tasks Addressed by the Core Team

The Team Process Questionnaire for the spring of 1992 indicates the most frequently addressed tasks. The tasks reported as "most essential" are starred (*).

3) tapping sources of information*;
9) mastering "nuts and bolts";*
5) balancing conflicting views of a problem;*
10) working on relations between team members;
1) mastering intervention skills; and
6) satisfying the requirement to meet one time/week during the school day.

Those tasks in which schools perceive a need for training are mastering "nuts and bolts"; mastering intervention skills; and differentiating the role of the core team. (See Figure D.2 below.)

Figure D.2
Areas of training most frequently requested by core team, FY 1992



3. Sources of Information

Teachers are the most frequently used source of information for the core team. Other frequently used sources are building administrators and school counselors.

4. Needs

Core teams continue to report a need for: training (see Section B above); a departmental publication on functions of the core team; and computer software to facilitate recordkeeping.

2430x

APPENDIX A

Districts Participating in Grant Programs

SUBSTANCE AWARENESS COORDINATOR GRANT PROGRAM II, 1991-92

Atlantic (2)

Buena Regional
Egg Harbor Township

Bergen (4)

Bergen County Special Services
Bergen County Vocational
Lyndhurst Township
Northern Highlands Regional

Burlington (10)

Burlington City
Burlington County Vocational
Burlington Township
Cinnaminson Township
Evesham Township
Maple Shade Township
Northern Burlington County Regional
Palmyra Borough
Pemberton Township
Shamong Township

Gloucester (2)

Gateway Regional
West Deptford Township

Hudson (3)

Bayonne
Harrison
Weehawkin Township

Hunterdon (1)

North Hunterdon Regional*

Mercer (5)

East Windsor Regional
Ewing Township
Hamilton Township
Mercer County Special Services
Trenton

Camden (3)

Audubon
Cherry Hill Township
Collingswood Borough

Cape May (1)

Lower Township

Cumberland (2)

Maurice River Township
Millville

Essex (1)

South Orange-Maplewood

Middlesex (4)

Carteret Borough
New Brunswick
North Brunswick Township
South River

Monmouth (6)

Holmdel
Monmouth Co. Ed. Services
Neptune Township
Red Bank Borough
Upper Freehold Regional
Wall Township

Morris (2)

Jefferson Township
Randolph Township

Ocean (4)

Barnegat
Berkeley Township
Lacey Township
Pinelands Regional

Passaic (2)

Clifton
Passaic County Vocational-Technical

Salem (2)

Salem County Special Services
Woodstown-Pilesgrove Regional

Somerset (1)

Montgomery Township*

Sussex (2)

Newton
Vernon Township

Union (6)

Elizabeth
Hillside Township
Morris-Union Jointure Comm.
Plainfield
Summit City
Westfield

Warren (1)

Warren County Vocational

* Withdrew from grant after first year.

EMERGENCY GRANT DISTRICTS

Atlantic

Atlantic City

Essex

City of Orange Township
Irvington

Mercer

Trenton

Middlesex

New Brunswick

Passaic

Paterson

Union

Elizabeth

2430x

APPENDIX B

SAC Grant Program II: Tabular Data

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Table 1
Characteristics of Students
Served by SACs, 1991-92

		Number	Percent
1. Gender:	Male	366	58.7
	Female	258	41.4
	Total	624	
2. Race:	White	430	70.8
	Black	115	19.0
	Hispanic	33	5.4
	Oriental	24	4.0
	Other	5	.8
	Total	607	
3. With whom does student reside?*			
	Both parents	185	35.6
	Mother	94	18.1
	Father	18	3.5
	Mother & stepfather/ boyfriend	62	11.9
	Father & stepmother/ girlfriend	25	4.8
	Other	49	9.5
	Total	433	
4. Runaway from home?			
	No	368	64.5
	Yes	203	35.6
	Total	571	
5. Arrested			
	No	358	62.4
	Yes, once	129	22.5
	Yes, more than once	87	15.2
	Total	574	

Table 1 (continued)
Characteristics of Students
Served by SACs, 1991-92

	Number	Percent
6. Held a job?*		
Never	95	18.3
Yes, currently	109	21.0
Yes, during summer	50	9.6
Yes, but not now	136	26.2
Total	390	

* Based on computer system responses only.

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Table 2
School Status of Students With
An Intake Record, 1991-92

			Number	Percent
1.	Grade Level	1-6	17	2.7
		7	32	5.1
		8	57	9.1
		9	136	21.7
		10	119	19.0
		11	127	20.3
		12	138	22.0
		Total	626	
2.	Grades			
	Mostly As		26	5.3
	Mostly Bs		102	20.9
	Mostly Cs		208	42.7
	Mostly Ds		119	24.4
	Mostly Fs		32	6.6
		Total	487	
3.	Participate in Organized Activities (School or Community)			
	No		301	61.1
	Yes		192	39.0
		Total	493	

Table 3
Extent of Substance Abuse in
Students' Environment, 1991-92

1.

	Father		Mother		Sibling	
	Number	Percent	Number	Percent	Number	Percent
No	257	59.8	359	80.0	285	73.8
Past	65	15.1	38	8.5	20	5.2
Current	104	24.2	52	11.6	77	20.0
Does Not Apply	4	.9	--	--	4	1.0
Total	430		449		386	

2. Majority of Peers Drink?

	Number	Percent
No	91	17.2
One/two times a month	163	30.8
Every weekend	149	28.2
Weekends and some school days	100	18.9
Almost every day	26	4.9
Total	529	

3. Majority of peers use drugs?

No	201	38.7
Once or twice a month	115	22.2
Every weekend	82	15.8
Weekends and some school days	95	18.3
Almost every day	26	5.0
Total	519	

59

58

Table 4
Extent of Substance Use
by Students in SAC System, 1991-92

1a. Used alcohol in last year

	Number	Percent
No, never	64	9.9
Not in last year	72	11.1
1-2 times	131	20.2
3-9 times	94	14.5
10-39 times	108	16.6
40 times or more	124	19.1
Yes, unspecified*	57	8.8
Total	650	

1b. Grade first used (of those who have used, in percent)

1-3	64.4%
4-6	25.7%
7-8	27.4%
9-12	19.7%

2a. Cocaine use in last year

	Number	Percent
No, never	429	70.6
Not in last year	91	15.0
1-2 times	25	4.1
3-9 times	18	3.0
10-39 times	13	2.1
40 times or more	20	3.3
Yes, unspecified*	12	2.0
Total	608	

60

61

Table 4 (continued)
Extent of Substance Use
by Students in SAC System, 1991-92

2b. Grade first used (of those who have used, in percent)

Grade Range	
4-6	1.0
7-8	5.2
9-12	12.4

3a. Hallucinogen use in last year

	Number	Percent
No, never	381	64.0
Not in last year	78	13.1
1-2 times	46	7.7
3-9 times	34	5.7
10-39 times	25	4.2
40 times or more	12	2.0
Yes, unspecified*	19	3.2
Total	595	

3b. Grade first used (of those who have used, in percent)

4-6	1.0%
7-8	9.3%
9-12	12.9%

4a. Marijuana use in last year

No, never	219	37.2
Not in last year	87	14.8
1-2 times	50	8.5
3-9 times	61	10.4
10-39 times	53	9.0
40 times or more	80	13.6
Yes, unspecified*	39	6.6
Total	589	

Table 4 (continued)
Extent of Substance Use
by Students in SAC System, 1991-92

4b. Grade first used (of those who have used, in percent)

4-6	9.3%
7-8	20.8%
9	11.9%
10-12	5.4%

5. Substance used most frequently

	Number	Percent
Alcohol	275	54.9
Marijuana	68	13.6
Cocaine	19	3.6
Other	123	24.6
Uses, none more frequently	16	3.2

6. School use of substance (number and percent of those who use substances)

During school	73	8.5
Before school	58	11.6
During school events	39	7.8
Total	170	

Table 5
Source of Referral of Student, Reason,
and Treatment Status, 1991-92

1. Who referred student?

	Number	Percent
Self	128	19.0
Parent or guardian	45	6.7
School administrator	123	18.3
Guidance counselor	82	12.2
Teacher	98	14.6
Core team	76	11.3
School nurse	23	3.4
Friend or peer	70	10.4
Police/courts	5	.7
Other	23	3.4
	673	

2. Reason for referral

Substance abuse	365	48.3
Parent substance abuse	44	5.8
Sibling/significant other substance abuse	37	4.9
Student in possession	18	2.4
Aftercare	24	3.2
Behavior disruptive	52	6.9
Unspecified	46	6.1
Frequent absence	15	2.0
Grades declining	31	4.1
Multiple indicators	16	2.1
Other school-related behavior**	19	2.5
Suicide related*	23	3.1
Physical/sexual abuse*	6	.8
Student depressed/** other mental health problem	28	3.7
Eating disorder	6	.8
Other	25	3.3

* Data aggregated under "other" category in 1988-89, 1989-90.
** Categories added to paper system in 1990-91.

Table 5 (continued)
Source of Referral of Student, Reason,
and Treatment Status, 1991-92

3. Current out-patient treatment?		
Yes	47	(7.5%)
4. Prior treatment?		
Yes, outpatient	37	(5.9%)
Yes, residential	54	(8.7%)
Yes, both	14	(2.2%)
5. Recommendation		
Referred outpatient	120	(19.2%)
Referred residential	43	(6.9%)

Table 6
Number of Contacts by Category and
Average Number per Category
in SAC Districts, 1991-92

Activity		Total # Contacts	Av. # per Student
1.	Student support group	39,362	8.8
2.	Family counseling	1,223	2.0
3.	Individual counseling	30,753	5.2
4.	Outside referral	1,609	2.1
5.	Peer education	12,011	5.2
* 6.	Activity	4,238	4.2
* 7.	Referred-inpatient	96	1.3
* 8.	Referred-outpatient	328	1.6
* 9.	Referred-aftercare	39	1.4
10.	Intake interview	2,963	1.2
11.	Contact with student	6,421	4.0
12.	Contact with parent	5,168	2.8
13.	Contact with administration	8,662	3.3
14.	Interview parent	1,210	1.6
*15.	Intensive daily program	10	1.0
*16.	Family support	787	6.5
*17.	Alternative education	79	1.4
18.	Telephone: outside counselor	2,456	3.1
19.[1]	Other	70	1.3
20.[2]	Other	212	2.0
	Total	117,697	

[1] Computer system
[2] Paper system - includes those asterisked

Table 7
School Transitions by Students, 1991-92

Transition	Number of Students 1991-92
Transferred	14 (3%)
Dropped Out	22 (5%)
Expelled	5 (1%)
Graduated	42 (9%)
Total	83

Table 8
Student Data From the COA File

	Number	Percent
Sex		
Male	709	52.6
Female	639	47.4
Total	1,348	
Race		
Asian	39	2.9
Black	343	25.7
Hispanic	111	8.3
White	834	62.5
Other	8	.6
Total	1,335	
Grade Level		
K-2	372	27.6
3-5	559	41.5
6-8	330	24.5
9-12	85	6.3
Total	1,346	

73

12

Table 8 (continued)
Student Data From the COA File, 1991-92

	Number	Percent
Runaway from Home		
Yes	137	10.2
Residing with:		
Both parents	377	31.7
Mother	347	29.2
Father	67	5.6
Mother and stepfather/ boyfriend	205	17.2
Father and stepmother/ girlfriend	38	3.2
Grandparent	50	4.2
Mother and grandparent	45	3.8
Other relative	39	3.3
Other	19	1.6
Total	1,187	
Type of drugs tried by student:		
None	979	74.8
Alcohol	281	21.5
Marijuana	3	.2
Alcohol & marijuana	28	2.1
Other	--	--
Alcohol & marijuana & other	17	1.3
Total	1,308	

Does student's mother have a substance abuse problem?

	Number	Percent
Never	754	60.0
Yes, past problem, but not now	158	12.6
Yes, current problem	344	27.4
Total	1,256	

Table 8 (continued)
Student Data From the COA File, 1991-92

		Number	Percent
Does student's father have a substance abuse problem?			
Never		326	26.9
Yes, past problem, but not now		197	16.2
Yes, current problem		690	56.9
	Total	1,213	
Do student's siblings have a substance abuse problem?			
Never		1,058	87.3
Yes, past problem, but not now		43	3.5
Yes, current problem		111	9.2
	Total	1,212	
Reason for referral			
Social/behavioral		182	13.7
Family		565	42.4
Health		6	.5
Emotional		162	12.2
Classroom/school		106	8.0
Multiple		311	23.3
	Total	1,332	
Referred to outside agency			
None		950	72.0
DYFS		100	7.6
Family Court		13	1.0
Mental Health		142	10.8
Other		114	8.6
	Total	1,319	

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